

## Proposed Changes to Prevention and Early Intervention Regulations Presented at the December 18, 2014 MHSOAC Meeting

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The Mental Health Services Oversight and Accountability Commission (MHSOAC) at the August 28, September 30, and October 23, 2014 Commission meetings voted to modify the proposed language of the sections listed below that were the subject of the notice published on June 6, 2014 for a 45-day public comment period. Each set of modified regulation language was published and made available for a 15-day public comment period. At the December 18, 2014 meeting the MHSOAC will consider whether to make changes to the language, as modified at the August, September, and October meetings. The proposed changes to be discussed at the December 18, 2014 MHSOAC meeting are set forth below and are shown in underline (new language) and strikeout (deleted language).

### Article 5. Reporting Requirements

**Adopt Section 3510.010 as follows:**

**Section 3510.010. Prevention and Early Intervention Annual Revenue and Expenditure Report.**

- (a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:
  - (1) The total funding source dollar amounts expended during the reporting period, which is the previous fiscal year, on each program funded with Prevention and Early Intervention funds by the following funding sources:
    - (A) Prevention and Early Intervention funds
      - (i) The County shall identify each program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations. If a program includes more than one element, the County shall estimate the percentage of funds dedicated to each element.
    - (B) Medi-Cal Federal Financial Participation
    - (C) 1991 Realignment
    - (D) Behavioral Health Subaccount
    - (E) Any other funding
  - (2) The amount of funding expended for Prevention and Early Intervention Component Administration by the following funding sources:
    - (A) Prevention and Early Intervention funds
    - (B) Medi-Cal Federal Financial Participation
    - (C) 1991 Realignment
    - (D) Behavioral Health Subaccount
    - (E) Any other funding

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- (3) The amount of funding expended for evaluation of the Prevention and Early Intervention Component by the following funding sources:
  - (A) Prevention and Early Intervention funds
  - (B) Medi-Cal Federal Financial Participation
  - (C) 1991 Realignment
  - (D) Behavioral Health Subaccount
  - (E) Any other funds
- (4) The amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.
- (b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:
  - (1) Post a copy on the County's website; and
  - (2) Provide a copy to the County's Mental Health Board

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845, 5847, and 5899, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3560.010 as follows:**

**Section 3560.010. Annual Prevention and Early Intervention Program and Evaluation Report.**

- (a) The requirements set forth in this section shall apply to the Annual Prevention and Early Intervention Program and Evaluation Report.
  - (1) The Annual Prevention and Early Intervention Program and Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission on or before December 30, as part of the Annual Update or Three-Year Program and Expenditure Plan for the fiscal year immediately following the effective date of this section and no later than December 30<sup>th</sup> every year thereafter except for years in which the Three-Year Program and Evaluation Report is due.
  - (2) The Annual Prevention and Early Intervention Program and Evaluation Report shall report on the required data for the fiscal year prior to the due date.
- (b) The County shall report the following information annually as part of the Annual Update or Three-Year Program and Expenditure Plan. The report shall include the following information for the reporting period:
  - (1) For each Prevention program and each Early Intervention program list:
    - (A) The program name.
    - (B) Unduplicated numbers of individuals served in the preceding fiscal year
      - (i) If a program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.

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- (ii) If a program served families the County shall report the number of individual family members served.
- (2) For each Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy within a program, the County shall report:
  - (A) The program name
  - (B) The number of potential responders
  - (C) The setting(s) in which the potential responders were engaged
    - (i) Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
  - (D) The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents)
- (3) For each Access and Linkage to Treatment Strategy or Program the County shall ~~provide~~ report:
  - (A) The program name
  - (B) Number of individuals with serious mental illness referred to treatment, and the kind of treatment to which the individual was referred.
  - (C) Number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the program to which they were referred.
  - (D) Duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A).
  - (E) Average interval between the referral and participation engagement in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.
- (4) For each Improve Timely Access to Services for Underserved Populations Strategy or Program the County shall report:
  - (A) The program name
  - (B) Identify the specific underserved populations for whom the County intended to increase timely access to services.
  - (C) Number of referrals of members of underserved populations to a Prevention program, an Early Intervention program and/or to treatment beyond early onset.
  - (D) Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the program to which they were referred.
  - (E) Average interval between referral and participation engagement in services to which referred, defined as participating at least once in the service to which referred, and standard deviation.
  - (F) Description of ways the County encouraged access to services and follow-through on referrals

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- (5) For the information reported under subdivisions (1) through (4) of this section, disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:
- (A) The following age groups:
- (i) 0-15 (children/youth);
  - (ii) 16-25 (transition age youth);
  - (iii) 26-59 (adult);
  - (iv) ages 60+ (older adults).
  - (v) ~~Declined to state~~ Number of respondents who declined to answer the question
- (B) Race by the following categories:
- (i) American Indian or Alaska Native
  - (ii) Asian
  - (iii) Black or African American
  - (iv) Native Hawaiian or other Pacific Islander
  - (v) White
  - (vi) Other
  - (vii) More than one race
  - (viii) ~~Declined to state~~ Number of respondents who declined to answer the question
- (C) Ethnicity by the following categories:
- (i) Hispanic or Latino as follows
    - (a) Caribbean
    - (b) Central American
    - (c) Mexican/Mexican-American/Chicano
    - (d) Puerto Rican
    - (e) South American
    - (f) Other
    - (g) ~~Declined to state~~ Number of respondents who declined to answer the question
  - (ii) Non-Hispanic or Non-Latino as follows
    - (a) African
    - (b) Asian Indian/South Asian
    - (c) Cambodian
    - (d) Chinese
    - (e) Eastern European
    - (f) European
    - (g) Filipino
    - (h) Japanese
    - (i) Korean
    - (j) Middle Eastern
    - (k) Vietnamese
    - (l) Other
    - (m) ~~Declined to state~~ Number of respondents who declined to answer the question
  - (iii) More than one ethnicity
  - (iv) ~~Declined to state~~ Number of respondents who declined to answer the question

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- (D) Primary language used listed by threshold languages for the individual county
- (E) Sexual orientation,
  - (i) ~~Gay or Lesbian or Bisexual~~
  - (ii) Heterosexual or Straight
  - (iii) Bisexual Other
  - (iv) ~~Declined to state~~ Number of respondents who declined to answer the question
- (F) Disability, ~~if any~~, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness
  - (i) ~~Yes, specify the~~ report the number that apply in each domain of disability(ies):
    - (a) Communication domain (including but not limited to difficulty seeing, hearing, or having speech understood)
    - (b) Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
    - (c) Physical/mobility domain
    - (d) Chronic health condition (including but not limited to chronic pain)
    - (e) Other (specify)
  - (ii) No
  - (iii) ~~Declined to state~~ Number of respondents who declined to answer the question
- (G) Veteran status,
  - (i) Yes
  - (ii) No
  - (iii) ~~Declined to state~~ Number of respondents who declined to answer the question
- (H) Gender ~~identity~~,
  - (i) Assigned sex at birth:
    - (a) Male
    - (b) Female
    - (c) Number of respondents who declined to answer the question
  - (ii) Current gender identity:
    - (a) Male
    - (b) Female
    - (c) Transgender
    - (d) Do not identify as female, male, or transgender
    - (e) Number of respondents who declined to answer the question
  - (iii) ~~Transgender~~
  - (iv) ~~Other~~
  - (v) ~~Declined to state~~
- (6) Any other data the County considers relevant, for example, data for additional demographic groups that are particularly prevalent in the County, at elevated risk of or with high rates of

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mental illness, unserved or underserved, and/or the focus of one or more Prevention and Early Intervention funded services.

- (7) For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.
- (8) For all programs and strategies, the County may report implementation challenges, successes, lessons learned, and relevant examples.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code; Sections 2 and 3 of MENTAL HEALTH SERVICES ACT.

### **Article 7. Prevention and Early Intervention**

**Adopt Section 3703 as follows:**

#### **Section 3703. Definition of Mental Illness.**

- (a) "Mental illness" as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an individual's ~~cognitive~~ cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, or biological ~~or developmental~~ processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An ~~expected~~ able or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness. Socially variant ~~deviant~~ behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance ~~deviance~~ or conflict results from a dysfunction in the individual, as described above.
- (b) The definition in subdivision (a) includes emotional disturbance in a child or adolescent under the age of 18, other than a primary substance use disorder or developmental disorder.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3704 as follows:**

#### **Section 3704. Definition of Serious Mental Illness and Severe Mental Illness.**

- (a) "Serious mental illness" and "severe mental illness" as used in the Prevention and Early Intervention regulations means, a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and that ~~which~~ may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a

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long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

- (b) The definition in subdivision (a) includes, for individuals under the age of 18, serious emotional disturbance, which is defined as a mental disorder as identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual's age according to expected developmental norms.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

### **Adopt Section 3710 as follows:**

#### **Section 3710. Early Intervention Program.**

- (a) The County shall offer at least one Early Intervention program as defined in this section.
- (b) "Early Intervention program" means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.
- (c) Early Intervention program services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.
- (1) For purpose of this section, "serious mental illness or emotional disturbance with psychotic features" means, Schizophrenia spectrum and other psychotic disorders including schizophrenia, other psychotic disorders, disorders with psychotic features, and schizotypal (personality) disorder). ~~They are defined by~~ These disorders include abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.
- (d) Early Intervention program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
- (e) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met
- (f) The County shall include all of the strategies in each Early Intervention program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

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**Adopt Section 3735 as follows:**

**Section 3735. Prevention and Early Intervention Strategies.**

- (a) The County shall include all of the following strategies as part of each program listed in Sections 3710 through 3730 of Article 7:
  - (1) Be designed and implemented to help create Access and Linkage to Treatment.
    - (A) "Access and Linkage to Treatment" means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.
    - (B) In addition to offering the required Access and Linkage to Treatment strategy, the County may also offer Increase Access and Linkage to Treatment as a program.
  - (2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
    - (A) "Improving Timely Access to Services for Underserved Populations" means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.
    - (B) Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.
    - (C) In addition to offering the required Improve Timely Access to Services for Underserved Populations strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a program.
  - (3) Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory
    - (A) "Strategies that are Non-Stigmatizing and Non-Discriminatory" means promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and make services accessible, welcoming, and positive.
    - (B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual



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~~preference~~ orientation; co-locating mental health services with other life resources;  
promoting positive attitudes and understanding of recovery among mental health providers;  
inclusion and welcoming of family members; and employment of peers in a range of roles.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

### **Adopt Section 3755 as follows:**

#### **Section 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update.**

- (a) The requirements set forth in this section shall apply to the Annual Update due for the fiscal year immediately following the effective date of this section and each Annual Update and/or Three-Year Program and Expenditure Plan thereafter.
- (b) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan or Annual Update shall include the following general information:
  - (1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300, were informed about and understood the purpose and requirements of the Prevention and Early Intervention Component.
  - (2) A description of the County's plan to involve community stakeholders meaningfully in all phases of the Prevention and Early Intervention component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
  - (3) A brief description, with specific examples of how each program and/or strategy funded by Prevention and Early Intervention funds will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.
- (c) For each Early Intervention program as defined in Section 3710, the County shall include a description of the program including but not limited to:
  - (1) The program name
  - (2) Identification of the target population for ~~the intended mental health outcomes~~ the specific program including:
    - (A) Demographics relevant to the intended target population for the specific program, including, but not limited to, age, race/ethnicity, gender or gender identity, ~~and if relevant,~~ primary language used, military status, and sexual orientation.
    - (B) The mental illness or illnesses for which there is early onset.
    - (C) Brief description of how each participant's early onset of a potentially serious mental illness will be determined.

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- (3) Identification of the type of problem(s) and need(s) for which the program will be directed and the activities to be included in the program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with early onset of potentially serious mental illness.
- (4) The Mental Health Services Act negative outcomes as a consequence of untreated mental illness referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the program is expected to affect, including the reduction of prolonged suffering as a consequence of untreated mental illness, as defined in Section 3750, subdivision (a).
  - (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (a).
  - (B) For any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness, as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
  - (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- (5) Specify how the Early Intervention program is likely to reduce the relevant Mental Health Services Act negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) by providing the following information:
  - (A) If the County used the evidence-based standard or promising practice standard to determine the program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.
  - (B) If the County used the community and/or practice-based standard to determine the program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.
- (d) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Prevention program including but not limited to the following information:
  - (1) The program name
  - (2) Identification of the target population for ~~the intended mental health outcomes~~ the specific program, including:

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- (A) Participants' risk of a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e. the condition, experience, or behavior associated with greater than average risk.
  - (B) How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
  - (C) Demographics relevant to the intended target population for the specific program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.
- (3) Specify the type of problem(s) and need(s) for which the Prevention program will be directed and the activities to be included in the program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with higher than average risk of potentially serious mental illness.
- (4) Specify any Mental Health Services Act negative outcomes as a consequence of untreated mental illness as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the program is expected to affect, including reduction of prolonged suffering, as defined in Section 3750, subdivision (b).
- (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (b).
  - (B) If the County intends the program to reduce any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
  - (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- (5) Specify how the Prevention program is likely to bring about reduction of relevant Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for the intended population by providing the following information:
- (A) If the County used the evidence-based standard or promising practice standard to determine the program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.
  - (B) If the County used the community and/or practice-based standard to determine the program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act

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outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.

- (e) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Outreach for Increasing Recognition of Early Signs of Mental Illness program or strategy within a program, including but not limited to:
  - (1) The program name
  - (2) Identify the types and settings of potential responders the program intends to reach.
    - (A) Describe briefly the potential responder's setting(s), as referenced in Section 3750, subdivisions (d)(3)(A), and the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness.
  - (3) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.
- (f) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Stigma and Discrimination Reduction program, including but not limited:
  - (1) The program name
  - (2) Identify whom the program intends to influence.
  - (3) Specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, consistent with requirements in Section 3750, subdivision (e), including timeframes for measurement.
  - (4) Specify how the proposed method is likely to bring about the selected outcomes by providing the following information:
    - (A) If the County used the evidence-based standard or promising practice standard, to determine the program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.
    - (B) If the County used the community and/or practice-based standard to determine the program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.

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- (g) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Suicide Prevention program including but not limited:
  - (1) The program name
  - (2) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.
  - (3) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide consistent with requirements in Section 3750, subdivision (f) including timeframes for measurement.
  - (4) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:
    - (A) If the County used the evidence-based standard or promising practice standard to determine the program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), explain how the practice's effectiveness has been demonstrated and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the campaign.
    - (B) If the County used the community and/or practice-based standard to determine the program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the program.
- (h) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs
  - (1) Program name
  - (2) An explanation of how the program will be implemented to help create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3755, subdivision (a)(1)
  - (3) Explain how individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention program.
  - (4) Explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment.
  - (5) Explain how the program will follow up with the referral to support engagement in treatment.
  - (6) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (g) and if so, specify what outcome(s) and how will it be measured, including timeframes for measurement.
- (i) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs.

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- (1) Program name
  - (2) An explanation of how the program will be implemented to help Improve Access to Services for Underserved Populations, as required in Section 3735, subdivision (a)(2)
  - (3) For each program, the County shall indicate the intended setting(s) and why the setting enhances access for specific, designated underserved populations. If the County intends to locate the program in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.
  - (4) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (h) and, if so, what outcome(s) and how will it be measured, including timeframes for measurement.
- (j) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs:
- (1) The program name
  - (2) An explanation of how the program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.
- (k) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs the following information for the fiscal year after the plan is submitted.
- (1) Estimated number of children, adults, and seniors to be served in each Prevention program and each Early Intervention program.
  - (2) The County may also include estimates of the number of individuals who will be reached by Outreach for Increasing Recognition of Early Signs of Mental Illness program or strategy within a program, Suicide Prevention programs, and Stigma and Discrimination Reduction programs.
- (l) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include projected expenditures for each program funded with Prevention and Early Intervention funds by fiscal year
- (1) Projected expenditures by the following sources of funding:
    - (A) Estimated total mental health expenditures
    - (B) Prevention and Early Intervention funds
    - (C) Medi-Cal Federal Financial Participation
    - (D) 1991 Realignment
    - (E) Behavioral Subaccount
    - (F) Any other funding
  - (2) The County shall identify each program funded with Prevention and Early Intervention funds as a Prevention program, an Early Intervention program, Outreach for Increasing Recognition of Early Signs of Mental Illness program, Stigma and Discrimination Reduction program, Suicide Prevention program, Access to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations and shall estimate expected expenditures for each

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program. If a program includes more than one element, the County shall estimate the percentage of funds dedicated to each element.

(A) The County shall estimate the amount of Prevention and Early Intervention funds for Administration of the Prevention and Early Intervention Component.

- (m) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include the previous fiscal years' unexpended Prevention and Early Intervention funds and the amount of those funds which will be used to pay for the programs listed in the Annual Update and/or Three-year Program and Expenditure Plan.
- (n) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include an estimate of the amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, ~~and~~ 5847, and 5848 Welfare and Institutions Code.